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DECLARATION, PETITION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe I am the first, original and joint inventor of the invention entitled:

BLOOD VESSEL SEALING SYSTEM

described and claimed in the attached specification; that I have reviewed and understand the contents of the specification including the claims; that I do not know and do not believe that this invention was ever known or used in the United States before our invention thereof, or patented or described in any printed publication in any country before our invention thereof, or more than one year prior to the date of this application; or more than one year prior to the date of this application; or in public use or on sale in the United States more than one year prior to the date of this application; and that this invention has not been patented or made the subject matter of an inventor's certificate in any country foreign to the United States on an application filed by me or my legal representatives or assigns more than twelve months before this application; that acknowledge my duty to disclose information of which I am aware which is material to the examination of this application; and that no application for patent or inventor's certificate on this invention has been filed by me or my legal representatives or assigns in any country foreign to the United States.

AND, I hereby appoint B.J. POWELL, Registration No. 24,430, my attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to:

B. J. POWELL (404) 892-8046.

Address all correspondence to:

B. J. POWELL  
Suite 710  
1447 Peachtree Street, N.E.  
Atlanta, Georgia 30309.

WHEREFORE, I pray that Letters Patent be granted to us for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

First Inventor:

100  
Name: CHRISTOPHER U. CATES

Signature: 

Signature Date: 1/7/92

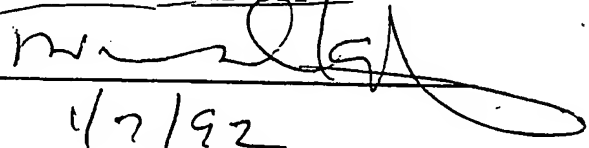
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200  
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Third Inventor:

Name:

DOUGLASS G. WHITNEY

Signature:

*DG Whitney*

Signature Date:

1/7/92

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS**  
**(37 CFR §§ 1.9(F) AND 1.27(d) — SMALL BUSINESS CONCERN)**

Inventor(s): Christopher U. Cates et al.

Serial No.: 08/383,256

For: BLOOD VESSEL SEALING SYSTEM

I hereby declare that I am an official empowered to act on behalf of the profit organization identified below:

Name of Organization: CCH Associates, LLC

Address of Organization: 300 East Park Avenue, Tallahassee, Florida 32301 «AZip»

TYPE OF ORGANIZATION: SMALL BUSINESS CONCERN

I hereby declare that the organization identified above qualifies as a organization as defined in 37 CFR §1.9(d) for purposes of paying reduced fees under §§41(a) and (b) of Title 35 United States Code with regard to the above titled invention by the above named inventor(s) described in the specification filed herewith.

I hereby declare that rights under contract or law have been conveyed to and remain with the organization with regard to the above identified invention.

If the rights held by the profit organization are not exclusive, each individual concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR §1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR §1.9(d) or a nonprofit organization under 37 CFR §1.9(e).

*\*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR §1.27)*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR §1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Christopher U. Cates, M.D.

TITLE IN ORGANIZATION: President

ADDRESS OF PERSON SIGNING: 300 East Park Avenue, Tallahassee, Florida 32301 «AZip»

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Our File: 0341-1-3